

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 831525 RECEIPT DATE: 05 / 10 / 01
IA NUMBER: PCT/ FR99 / 01212 IA FILING DATE: 05 / 21 / 99
FAMILY NAME: DESPLATS DELAY WAIVED (Y/N): Y
GIVEN NAME: ROMAIN DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 11 / 13 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: BE 9197 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000466 TELEPHONE 7035212297
FAX

NAME: YOUNG & THOMPSON

STREET: 745 SOUTH 23RD STREET 2ND FLOOR

CITY: ARLINGTON

STATE/COUNTRY: VA ZIP: 22202

EMAIL:

APPLICATION TITLES:

METHOD AND INSTALLATION FOR FAST LOCATION OF A FAULT IN AN INTEGRATED
CIRCUIT

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5660

| | | | | | |
|--|---|-----------------------------------|---|---------------------------------------|--------------------------------|
| SERIAL NUMBER 09/831,525 | FILING DATE 05/10/2001 RULE | CLASS 714 | GROUP ART UNIT 2184 2133 | ATTORNEY DOCKET NO. BE-9197 | |
| APPLICANTS Romain Desplats, Toulouse, FRANCE; Philippe Perdu, Toulouse, FRANCE; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/FR99/01212 05/21/1999 ** FOREIGN APPLICATIONS ***** FRANCE 98/14277 11/13/1998 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials <u> </u> | | STATE OR COUNTRY FRANCE | SHEETS DRAWING 13 | TOTAL CLAIMS 1 | INDEPENDENT CLAIMS 1 |
| ADDRESS 000466 | | | | | |
| TITLE Method and installation for fast fault localization in an integrated circuit | | | | | |
| FILING FEE RECEIVED 1130 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |